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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 21, 2004.

Vickie D. Wall  
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Appl No. : 10/734,517 Confirmation No. 9983  
Applicants : Benjamin Atkin, et al.  
Filed : December 12, 2003  
Title : ULTRASONIC DENTAL INSERT HAVING A HAND GRIP FITTED TO  
A RETAINING RING  
TC/A.U. : 3732  
Examiner : Cary E. O'Connor  
Docket No. : 51292/JEJ/D359  
Customer No. : 23363

**RESPONSE under 37 CFR § 1.111**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Post Office Box 77068  
Pasadena, CA 91109-7068  
October 21, 2004

Commissioner:

This paper is in response to the non-final office action dated August 12, 2004, setting a three month shortened statutory period for response that expires on November 12, 2004. Further examination and reconsideration of the present application in view of the remarks and arguments set forth herein are respectfully requested.

**Claims** are listed in the listing of claims which begins on page 2 of this paper. None of the claims have been amended herein.

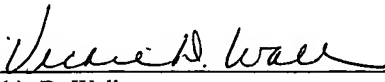
**Remarks/Arguments** begin on page 7 of this paper.



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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
AMENDMENT TRANSMITTAL LETTER**

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Vickie D. Wall

Applicant : Benjamin Atkin, et al.  
Application No. : 10/734,517  
Filed : December 12, 2003  
Title : ULTRASONIC DENTAL INSERT HAVING A HAND GRIP FITTED TO A  
RETAINING RING

Grp./Div. : 3732  
Examiner : Cary E. O'Connor

Docket No. : 51292/JEJ/D359

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Post Office Box 7068  
Pasadena, CA 91109-7068  
October 21, 2004

Commissioner:

Enclosed is an amendment to the above-identified application.

| CLAIMS AS AMENDED                                                                                                                                                                                                                                                                                                           |                                           |                               |                           |                      |                      |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------|---------------------------|----------------------|----------------------|------|
|                                                                                                                                                                                                                                                                                                                             | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Paid For | Number<br>Extra<br>Claims | Small Entity<br>Rate | Large Entity<br>Rate | FEE  |
| Total Claims Fee                                                                                                                                                                                                                                                                                                            | 23                                        | *23                           | 0                         | 0 x \$9.00           | 0 x \$18.00          | 0.00 |
| Independent Claims                                                                                                                                                                                                                                                                                                          | 3                                         | ** 3                          | 0                         | 0 x \$44.00          | 0 x \$88.00          | 0.00 |
| Multiple Dependent<br>Claims ***                                                                                                                                                                                                                                                                                            |                                           |                               |                           | \$150.00             | \$300.00             | 0.00 |
| TOTAL FILING FEE                                                                                                                                                                                                                                                                                                            |                                           |                               |                           |                      |                      | 0.00 |
| NO ADDITIONAL<br>FEE REQUIRED ****                                                                                                                                                                                                                                                                                          | IF NO FEE REQUIRED, INSERT "0"            |                               |                           |                      |                      | 0.00 |
| LIST INDEPENDENT CLAIMS: 1, 14 and 18                                                                                                                                                                                                                                                                                       |                                           |                               |                           |                      |                      |      |
| * IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3<br>** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3<br>*** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME<br>**** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS" |                                           |                               |                           |                      |                      |      |

Attached is our check for \$ to pay the fees calculated above.  
A Petition for Extension of Time and the required fee are enclosed.

**Amendment Transmittal Letter**  
**Application No. 10/734,517**

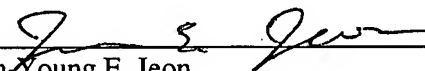
\_\_\_\_\_ Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By

  
Jun-Young E. Jeon  
Reg. No. 43,693  
626/795-9900

JEJ/vdw

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